

11/13  
AG

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AG		10/13/00
O.I.P.E. CLASSIFIER		45	10/19/00
FORMALITY REVIEW	SK	10809	11/18/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
..... Allowed I ..... Interference  
(Through numeral)..... Canceled A ..... Appeal  
..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	10/13/00
2	10/13/00
3	10/13/00
4	10/13/00
5	10/13/00
6	10/13/00
7	10/13/00
8	10/13/00
9	10/13/00
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47	10/13/00
48	10/13/00
49	10/13/00
50	10/13/00

Claim	Date
Final	
Original	
51	10/13/00
52	10/13/00
53	10/13/00
54	10/13/00
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98	10/13/00
99	10/13/00
100	10/13/00

Claim	Date
Final	
Original	
101	10/13/00
102	10/13/00
103	10/13/00
104	10/13/00
105	10/13/00
106	10/13/00
107	10/13/00
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145	10/13/00
146	10/13/00
147	10/13/00
148	10/13/00
149	10/13/00
150	10/13/00

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)